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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU020325
	First Named Inventor	Maxim Borisovich Belotserkovsky
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	N/A
	Examiner Name	N/A

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR ANTENNA SELECTION USING CHANNEL RESPONSE INFORMATION IN A MULTI-CARRIER SYSTEM

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

06/28/2002

as United States Application Number or PCT International

Application Number PCT/US02/20504 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		OR	<input checked="" type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON MULTIMEDIA LICENSING INC.				
Address	P. O. BOX 5312				
City	State	ZIP			
PRINCETON	NJ	08543-5312			
Country	Telephone	Fax			
USA	(609) 734 - 9443	(609) 734 - 9700			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Family Name or Surname		Date		
MAXIM BORISOVICH	BELOTSERKOVSKY		06/27/02		
Inventor's Signature	Maxim Borisovich Belotserkovsky				
Residence: City	State	Country	Citizenship		
INDIANAPOLIS	IN	USA	US		
Mailing Address 9307 Aintree Drive					
Mailing Address					
City	State	ZIP	Country		
INDIANAPOLIS	INDIANA	46250	USA		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Family Name or Surname		Date		
VINCENT	DEMOULIN				
Inventor's Signature					
Residence: City	State	Country	Citizenship		
PLEUMELEUC		FRANCE	FRANCE		
Mailing Address 2, rue de Claves					
Mailing Address					
City	State	ZIP	Country		
PLEUMELEUC		35137	FRANCE		
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

3-00 LOUIS ROBERT

LITWIN

Inventor's
SignatureX *[Signature]*

Date

X 8-6-02

Residence: City

Plainsboro

State

New Jersey

Country

USA

Citizenship

US

Mailing Address

34-14 Quail Ridge Drive

Mailing Address

City Plainsboro

State

New Jersey

ZIP

08536

Country

USA

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Given Name (first and middle (if any))

Family Name or Surname

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Signature

Date

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Zip

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A

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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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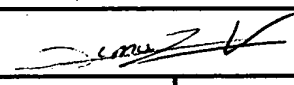
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Address	P. O. BOX 5312				
City	State	ZIP			
PRINCETON	NJ	08543-5312			
Country	Telephone	Fax			
USA	(609) 734 - 9443	(609) 734 - 9700			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
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Inventor's Signature					Date
Residence: City	State	Country	Citizenship		
INDIANAPOLIS	IN	USA	US		
Mailing Address 9307 Aintree Drive					
Mailing Address					
City	State	ZIP	Country		
INDIANAPOLIS	INDIANA	46250	USA		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	VINCENT		Family Name or Surname	DEMOULIN	
Inventor's Signature					Date 06/27/2002
Residence: City	State	Country	Citizenship		
PLEUMELEUC		FRANCE	FRANCE		
Mailing Address 2, rue de Clayes					
Mailing Address					
City	State	ZIP	Country		
PLEUMELEUC		35137	FRANCE		
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
LOUIS ROBERT		LITWIN	
Inventor's Signature		Date	
Residence: City Plainsboro	State New Jersey	Country USA	Citizenship US
Mailing Address 34-14 Quail Ridge Drive			
Mailing Address			
City Plainsboro	State New Jersey	ZIP 08536	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country A
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
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